

**NEVADA DEPARTMENT OF AGRICULTURE  
FOOD & NUTRITION DIVISION-DAIRY  
405 S. 21<sup>ST</sup>. STREET  
SPARKS, NEVADA 89431  
OFFICE (775) 353-3605  
FAX (775) 353-3749**

**PRESUMPTIVE AND/OR SCREEN TEST POSITIVE DRUG RESIDUE TEST REPORT**

|                                        |                                                                             |                                    |                                                                 |
|----------------------------------------|-----------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------|
| <b>Receiving Location</b><br><br>_____ | Date ____/____/____<br><br>Time ____ : ____ am/pm                           | <b>Owner of Milk</b><br><br>_____  | <b>Route or Load #</b><br><br>_____                             |
| <b>Milk Hauler</b><br><br>_____        | <b>Dual Compartment</b><br><br>Yes _____ No _____<br>Front _____ Rear _____ | <b>Weight of Load</b><br><br>_____ | <b>Tanker License Plate No. And State</b><br><br>_____<br>_____ |

**PRESUMPTIVE POSITIVE TEST RESULT**

|                                                                                                                                                                                |                                                    |                              |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Tested<br>____/____/____<br>Time<br>____ : ____ am/pm                                                                                                                     | Test Method Used<br><br>Lot # of Test Kit<br>_____ | Initial Results<br><br>_____ | Regulatory Agencies Notified<br><br>_____<br>Date ____/____/____ Time ____ : ____ am/pm<br><br>_____<br>Date ____/____/____ Time ____ : ____ am/pm |
| <b>Disposition of Load For Further Testing</b><br>(send <u>initial</u> sample, explain in detail, attach weigh slip, secure tanker and include seal numbers)<br>_____<br>_____ |                                                    |                              |                                                                                                                                                    |
| INDUSTRY SUPERVISOR SIGNATURE _____ DATE _____<br>ANALYST SIGNATURE _____ DATE _____                                                                                           |                                                    |                              |                                                                                                                                                    |

**SCREENING TEST POSITIVE (CONFIRMATION RESULTS)**

|                                                                                                                 |                                                                                 |                                                                                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Confirmatory Location</b><br><br>_____                                                                       | Date Tested<br>____/____/____<br>Time<br>____ : ____ am/pm                      | Test Method Used<br><br>_____                                                                                                              | <b>Retest Results</b><br><b><u>In Duplicate</u> (no. if applicable)</b><br><br>_____<br>_____ |
| <b><u>Control Results</u></b><br>Control Point _____<br>Positive _____<br>Negative _____<br>Charm SL Low: High: | Lot Number of Test Kit<br>_____<br>Expiration Date _____<br>Prepared Date _____ | Regulatory Agencies Notified<br>_____<br>Date ____/____/____ Time ____ : ____ am/pm<br>_____<br>Date ____/____/____ Time ____ : ____ am/pm |                                                                                               |
| C.I.S. / CERTIFIED ANALYST SIGNATURE _____ DATE _____                                                           |                                                                                 |                                                                                                                                            |                                                                                               |

**A COPY OF THIS REPORT MUST ACCOMPANY THE TRUCK AND PRODUCER SAMPLES  
TO THE CONFIRMATION LOCATION, BE KEPT ON FILE AT THE SCREENING LOCATION,**

**AND ALSO BE SENT TO THE DAIRY COMMISSION WITHIN 72 HOURS OF INITIAL TESTING.**